

PRE-APPEAL BRIEF REQUEST FOR REVIEW (VIA EFS-WEB)		Docket Number (Optional) DC8507USPCT1
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]</p> <p>on _____</p> <p>Signature _____</p> <p>Typed or printed name _____</p>	In re Application of PETER ANDRIN, et al.	
	Application Number 10/550423	Filed March 24, 2004
	For ELECTROCHEMICAL CELL COMPONENT	
	Examiner LAIOS, MARIA J.	
Art Unit 1795	Confirmation No. 3310	

Applicant requests review of the final rejection in the above-identified application. No amendments are being filed with this request.

This request is being filed with a notice of appeal.

The review is requested for the reason(s) stated on the attached sheet(s).

Note: No more than five (5) pages may be provided.

Applicants respectfully submit that the Examiner's comments accompanying the Advisory Action are unpersuasive. It is well-established that the references are cited for what they disclose or suggest, and the Examiner's disregard for the negative teachings in the references of record noted by Applicants in their last Response is not remedied by such remarks, nor has a *prima facie* case of obviousness been established by the Examiner.

I am the

<input type="checkbox"/> applicant/inventor.	/Brian C. Jones/
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	Signature BRIAN C. JONES Typed or printed name
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>37,857</u>	(302) 992-4601 Telephone number
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	June 29, 2009 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.

<input type="checkbox"/> *Total of _____ forms are submitted.
